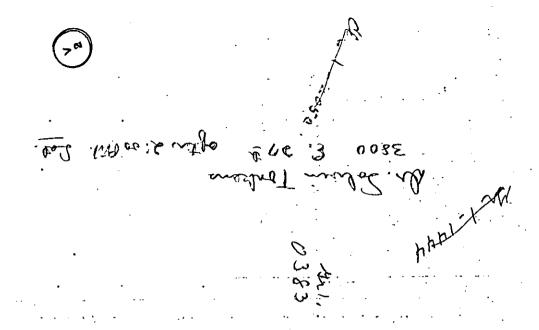
	THE DIVISION OF HEALTH OF MISSOURI						58-025312			
ı	STANDARD CERTIFICATE OF DEATH WED 17 1000 Stration District No. 1002							STATE FILE NUMBER		
H	LED JUL 1	7 1958	Frict No	Рг	imary Registration District No.	.10.0.3	Registrar's N	o		
ì	a. COUNTY	Jackson		<u>.</u>	2. USUAL RESIDENCE (Where deceased lived. LTi b. COUN	If institution:	Residence before Optimission)		
	b. CITY (If outside corporate limits, give TOWNSH OR TOWN Kansas City,			Inside Limits Yes XX No	SCITY OR Kansa	s City		Inside Limits Yes XX No [
c. FULL NAME OF (If NOT in hospital, give local HOSPITAL OR INSTITUTION Osteopathic				ength of stay in 1b, 25 Years	d. STREET	(If outside, give 7 E. 67th S	location)	Reside on Farm Yest (X) No [
3. NAME OF DECEASED First (Type or print) GEORGIA		Middle ANN		ANDERSON		Month Do				
5	Female	6. COLOR OR RACE Caucasian	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 18 April 1891	9. AGE (In years	Months Days	AR IF UNDER 24 HRS. Hours Min.		
Ty during most of working life, even if retired)			10b. KIND OF B INDUSTRY Home		11. BIRTHPLACE (City and sto Morgan County	te or country)	12. CITIZEN O USA	F WHAT COUNTRY?		
13	13a. FATHER'S NAME			MOTHER'S MAIDEN N	AME	14. NAME OF HUSBAND OR WIFE				
George Richardson				May Maddox		David C. Anderson				
15. (Y	No, er unknown) (If	ER IN U. S. ARMED FORCE yes, give war or dates of se EATH (Enter only one cau	186-	16. SOCIAL SECURITY NO. 17. INFORMANT Address 486-10-6843 David C. Anderson, 3617 E. 67th Kansas C						
z	Conditions, if any, which gove rise to above cause (a), stating the under lying cause (a), stating the under lying cause (a). DUE TO (c) Consequence Reactions Reactions									
FICATIO	PART II. OTHER SIGNIFICANT CONDITIONS C			ONTO IBUTING TO DEATH but no related to the terminal disease condition given i			1	WAS AUTOPSY PERFORMED? YES ☑ NO □		
L CERTI	200, ACCIDENT	SUICIDE HOMICIDE	20b. DESCRIB	E HOW INJURY OCC	URRED. (Enter nature of inju	y in PART I or PART	Il of item 18.)			
MEDICA	. INJURY о.	m								
	20d. INJURY OCCURRED WHILE AT NOT WHILE Form, factory, street, office bldg., etc.) WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)									
	21. Lattended the deceased from 6/26/58, to 6/27/64 and last saw her alive an 6/2/1/54 Death occurred at 5:156 m on the date stated above; and to the best of my knowledge, from the causes stated.									
	220. SIGNATURE (Degree or title) 2. 22b. ADDRESS 82/9 Wenner Rd. 6/36							6 30 58		
	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Out in the county of county (Stote) Control of the county of the county (Stote)									
24.	Muehlebach	R AND	e,6800 T	1	ATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGN	ATURE	el		
			(Li	consed Embalmer's Sta	tement on Reverse Side)			-		



STATEMENT BY LICENSED EMBALMER

	- · · -•
I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Warren R. Ellis
Signature of Student Embalmer	Licensed Embalmer No. 50/8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If ambumed by a STUDENT, he also shall sign in his OWN handwriting.

P. O. Address.....

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.